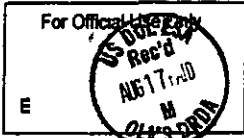


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9618</u> <u>028-342</u>	2 Fiscal Year Covered From <u>1 / 1 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>GARY SNYDER</u> P O Box Bldg Room No if any _____ Street <u>4958 WINTON RIDGE LANE</u> City <u>CINCINNATI</u> State <u>OHIO</u> ZIP Code + 4 <u>45248</u>	4 Name, file number and address of labor organization Name <u>REINFORCED CONCRETE IRONWORKERS LOCAL UNION 376</u> Labor Organization File Number <u>028342</u> P O Box Building and Room Number if any _____ Street <u>4958 WINTON RIDGE LANE</u> City <u>CINCINNATI</u> State <u>OHIO</u> ZIP Code + 4 <u>45248</u>
5 Position in labor organization <u>RECORDING SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income. _____ _____ _____ 7 b. Amount. _____ _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)

Signed

On

8/10/05  
Date

513-761-3720

Telephone Number

Name of Person Filing <u>GARY SNYDER</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name IRON WORKERS Dist Cncl of ST LOUIS & VIC.  
 Trade Name if any \_\_\_\_\_  
 P O Box, Bldg Room No. if any \_\_\_\_\_  
 Street 3544 WATSON ROAD  
 City ST LOUIS  
 State MISSOURI ZIP Code + 4 63139

9 Business deals with

☒ a Labor Organization  
☐ b Trust  
☐ c Employer

10 If 9 b or 9 c. is checked give trust or employer's name.

Name \_\_\_\_\_  
 Trade Name if any \_\_\_\_\_  
 P O Box, Bldg. Room No. if any \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11 a Nature of such dealing

KENTUCKY DAM YEARLY MEETING

11 b. Approximate dollar value of such dealing.

12 a Nature of interest held or income received

8/24/04 DINNER(BBQ) 11.10  
8/25/04 DINNER(FISH FRY) 23.44  
8/25/04 GOLF 32.75  
8/26/04 DINNER(BANQUET) 14.95

12 b Amount

\$82.24

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name \_\_\_\_\_  
 Trade Name if any \_\_\_\_\_  
 P O Box Bldg Room No if any \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14 a. Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.